

# Employee Termination Form



\* Updated December 2023

*This form must be completed, by the department, whenever an employee leaves employment. The form must be submitted to the County Board Office and Payroll Office **within 24 hrs** of the event. (i.e.: notice given, termination, etc.) The original letter of resignation must be attached to this form.*

Employee Name:						
Social Security #:						
Current Address:						
Phone Number:						
Personal Email:						
Department:						
Job Title:						

Reason for Separation (circle one)	termination	laid off	probation	deceased	retired	unapproved hire
	leave of absence	disability	seasonal	resigned		

Term Type:	Voluntary	In-voluntary	Status of Employee: (circle one)	FT	PT	Temp
				Seasonal	Intern	PRN

Eligible for Re-hire:	yes	no
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Last Day Worked:	If FMLA Last Day Pay Status:
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Term Date:	Last Pay day/Payroll period:
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Work Email Shutdown Date:	Work Email Address:
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Two weeks notice given if applicable:	yes	no
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PAID TIME COMING (Hours):	COMP:	VACATION:	SICK TIME:	OTHER:
	PERSONAL:	OVERTIME:		

Explain "Other" Time:
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Insurance Termination Date:	Insurance Plan Type:	HOPE 1000	HOPE 4000	HRP
		Dental/Vision		

Name of person completing this form:
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Title:	Date Completed:
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Office Use Only:		
1095-C information updated	Yes	No
W2-Address Updated	Yes	No
IT Notified of Email Shutoff	Yes	No
Employee deactivated from NeoGov	Yes	No